

Acknowledgement and Permission Form 2020-2021

One Form Per Household

Student Information

Student Names: Please list the legal first, middle, and last name of each child you have in your household.
Mark the school your child will be enrolled in this year. **PLEASE PRINT**

First Name	Middle Name	Last Name	LCE	LCMHS	First Name	Middle Name	Last Name	LCE	LCMHS
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Code of Conduct Agreement

Code of Conduct Book 2020-2021

As a student or parent/guardian of a student attending the Lee County School district, I acknowledge that by signing this document I understand that I have access to the Student Code of Conduct and District Handbook online at <http://leecountyky.apptegy.us/o/lee-county/browse/73124> (Campus Life- Handbook Policies link from District Website) and I am aware of my responsibility to read its contents. Further, I understand it is my responsibility to gain a working knowledge of the policies outlined in this handbook and share this information with my child/children. I am also aware of my right to question the school principal or the designated school staff members concerning any policy within this handbook that I do not understand. **** Hard copies of this document are available upon request.

Initial Here

If you would like a hard copy of the Code of Conduct and District Handbook sent home with your child, please initial here:

Parental Assurance for Daily Student Health Assessment

I agree to perform the following health assessment on a daily basis before allowing my child to attend school in-person or to board the bus for transportation to school:

Temperature greater than 100.4 **Cough** **New rash**
GI symptoms (vomiting/diarrhea) **Exposure to a COVID-19 case during the prior 48-hour period**

If any of these symptoms are present, I assure the Lee County School District that my child will not attend school on the day these symptoms are present. I will notify the school of my child's absence. If my child develops any of these symptoms during the school day, I assure the district that I, or my designee, will pick up my child as soon as possible

Initial Here

Classroom Recording

Teachers will be recording many of the lessons for students on a virtual program and for times when children may have to be out of the classroom. These videos will be uploaded to the teachers' Google Classrooms for students in the classrooms to view. While we will do our best to record the teacher instructing the lesson, students may from time to time appear in the video or their voice may be heard responding to questions and discussions in the video. I agree to my children appearing in video and/or their voice being on video for instructional purposes.

Initial Here

Parent Signature: _____ Date: _____

Student Signatures of those 18 or over: _____

PRINTED NAME OF PARENT COMPLETING THIS FORM: _____